Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10743095

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column	11)	(Colu	lumn 2)		TYPE		OR	SMALL ENTITY		
TOTAL CLAIMS			22					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			\$5 minus 20= *		<u>* 3</u>	. 35		X\$ 9=		OR	X\$18=	(30	
INDEPENDENT CLAIMS					<u>, 2</u>	2		X43=		OR	X86=	430	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in co						olumn 2	<u>_</u>	TOTAL		OR	TOTAL	1830	
CLAIMS AS AMENDED - PART II									-,		OTHER	THAN	
						(Column 3)		SMALL I	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	CLAIM	=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL		OR	TOTAL ADDIT. FEE		
ADDIT. FEE												_	
		CLAIMS		HIGHE	ST			ı	ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	,	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		= .		X43=		OR	X86=		
٥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
						÷	_+	145=		OR	+290=	•	
							ADI	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		(43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									^{UR}			
										OR	+290=		
**	* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE		
		ber Previously Paid					found i	in the appr	opriate box	in colu	ımn 1.		